



National Hispanic Medical Association

# Individual Membership Application Jan. 1 – Dec. 31, 2019

First Name:		Last Name:	
Suffix: (MD, PhD, etc):		Title:	
Organization:		Address:	
City:	State:	Zip Code:	
Phone:		Fax:	
Email Address:		Social Media Handles:	
Med School:		Residency:	
Graduation Year MD: Year Residency Completed:		Specialty:	

**Premier Membership Check all that apply:**

<u>NHMA Leadership Council</u>	<u>Physician</u>	<u>Young Physician/Associate (non-Physician)</u>	<u>Resident/Fellow/IMG</u>	<u>Health Professional Student</u>
<input type="checkbox"/> > 40 years \$1000	<input type="checkbox"/> 1-year \$200	<input type="checkbox"/> 1-year \$150	<input type="checkbox"/> 1-year \$50	<input type="checkbox"/> 1-year \$20
<input type="checkbox"/> < 40 years \$500	<input type="checkbox"/> 2-year \$360	<input type="checkbox"/> 2-year \$270		
	<input type="checkbox"/> 3-year \$510	<input type="checkbox"/> 3-year \$380		

**Interest in Board Committees/NHMA Programs:**

- |   |  |
|---|--|
| <input type="checkbox"/> Membership Committee         | <input type="checkbox"/> City Steering Committee                     |
| <input type="checkbox"/> Communications Committee     | <input type="checkbox"/> NHMA College Health Scholars Program Mentor |
| <input type="checkbox"/> Development Committee        | <input type="checkbox"/> NHMA Liaisons Program                       |
| <input type="checkbox"/> Program/Conference Committee |  |

**Basic Membership (Includes access to newsletter and website only) Check one:**

- |  |  |
|--|--|
| <input type="checkbox"/> Physician                         | <input type="checkbox"/> Young Physician (less than 5 years out of resident/fellowship training) |
| <input type="checkbox"/> Council of Medical Society Member | <input type="checkbox"/> Resident/Fellow/IMG   |
| <input type="checkbox"/> Associate (non-physician)         | <input type="checkbox"/> Health Professional Student   |

For Membership payment, click [bit.ly/1Ub3KrN](http://bit.ly/1Ub3KrN) or see below

**Help us build Hispanic health leadership! Contribute to the National Hispanic Health Foundation Contributions to NHHF are tax deductible. For Credit Card or Online Payment, click [bit.ly/1K12ym2](http://bit.ly/1K12ym2) or see below:**

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$100       |
| <input type="checkbox"/> \$1,000 | <input type="checkbox"/> \$50        |
| <input type="checkbox"/> \$500   | <input type="checkbox"/> Other _____ |

Credit Card: (Visa, Master Card, Amex)	Card Number:	CV #:
Exp. Date:	Authorized Signature:	

**Mail checks to:** NHMA Membership - 1920 L St. NW #725 - Washington, DC 20036  
**Phone:** 202-628-5895 **Email:** [membership2@nhmamd.org](mailto:membership2@nhmamd.org) **Website:** [www.nhmamd.org](http://www.nhmamd.org)